COMPLAINT

YOUR PERSONAL INFORMATION

Complaint ID :
Name :
Race :
Address :

Sex: FEMALE Age: 43

Your contact information

Best time to contact: 08:00 AM

Primary Contact Phone Number : E-mail Address ;

Home Phone Number :

Your injury information

Were you injured in this incident? NO

Please describe the injury:

Did you need medical attention? NO Hospital/Medical Center :

Please describe the medical treatment:

## INFORMATION ABOUT THE INCIDENT

I AM A STATE CERTIFIED IDOT CONSTRUCTION FLAGGER FOR SAFET KING. I WAS ON A JOB SITE TODAY WITH A LEGAL CITY PERMIT ISSUED TO STEVENSON CONSTRUCTION, FLAGGING TRAFFIC AT 1735 ASHLAND AVENUE. AT APPX 11:30PM, A MARKED CPD CRUISER CHIRPED HIS HORN AND FLASHED HIS LIGHTS TO GET THROUGH THE LIGHT. AT THAT TIME, I HAD HIS WESTBOUND LANE OF TRAFFIC STOPPED TO ALLOW EASTBOUND TRAFFIC THROUGH. HE ANNOUNCED OVER HIS PA THAT I AM NOT ALLOWED TO STOP TRAFFIC ON THEN HE STARTED DRIVING DOWN THE INTERSECTION THROUGH THE MIDDLE OF THE STREET WITH HIS LIGHTS ON, AND ON HIS PA HE ORDERED ME TO PUT MY SIGN DOWN, WHICH I COMPLIED BUT HELD TRAFFIC WITH MY HAND. HE

THEN PULLED ALONGSIDE OF ME AND YELLED AT ME THAT I AM NOT AUTHORIZED TO STOP TRAFFIC EVEN THOUGH HE WAS WRONG. HE STOPPED AGAIN AND YELLED AT STEVENSON'S CRANE OPERATORS, AND THEN HE STOPPED AND YELLED AT MY CO-WORKER FLAGGING THE OTHER SIDE OF THE INTERSECTION. THIS COULD HAVE CAUSED A HEAD ON Description of the incident : COLLISION OR ACCIDENT IF I ALLOWED WESTBOUND TRAFFIC

TO GO AGAINST ONCOMING TRAFFIC AS HE INSTRUSTED ME TO. HE COULD HAVE CAUSED AN ACCIDENT DRIVING IN BETWEEN LANES OF TRAFFIC. I WAS ALSO AFRAID OF BEING ARRESTED. I DID NOT GET HIS NAME OR HIS CAR NUMBER AS I WAS WORKING ON THE STREET AND HAD TO KEEP MY FOCUS ON MY JOB.

Location of the incident

Street Number :

Direction:

Street Name :

Apt No.:

**Building Name:** 

Floor:

Unit:

**Location Description:** 

CONDOMINIM BUILDING UNDER CONSTRUCTION FOR CELL PHONE TOWER

INSTALLATION.

**Incident Date and Time** 

Date:

Time:

Evidence

Video Evidence: NO

Audio Evidence: NO

INFORMATION ABOUT THE POLICE OFFICERS

Police officer #1

Last Name:

First Name:

Star No..:

Rank:

Assigned Unit:

On Duty: YES

Sex:

Race: WHITE

Officer Description: MALE, BLACK HAIR

Police Vehicle Beat Number:

Vehicle Number :

License Plate:

**Vehicle Description:** 

**INFORMATION ABOUT VICTIMS AND WITNESSES** 

Victim #1 personal information

Last Name :

Race: WHITE

First Name :

Age: 43

Sex: FEMALE

Contact:

Victim #1 injury information

Was the victim injured in this incident?: NO

Please describe the injury:

Did the victim need medical attention? NO

Please describe the medical treatment:

Hospital/Medical Center: